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FOR ACTION

RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES FOR
PROGRAMMES IN THE AMERICAS AND CARIBBEAN REGION WITH
ANNUAL PLANNING LEVELS NOT EXCEEDING \$500,000

SUMMARY

This document contains recommendations for funding from general resources for programmes in the Americas and Caribbean region with annual planning levels not exceeding \$500,000. The Executive Director recommends that the Executive Board approve funding from general resources in the following amounts for the programmes listed below.

<u>Country/programme</u>	<u>Amount</u> (United States dollars)	<u>Duration</u>
Cuba	700 000	1990-1994
Guyana a/	1 600 000	1990-1994
Women in development: regional	1 500 000	1990-1995

a/ There is also a proposal for supplementary funding in the amount of \$1,000,000 for the same period.

Summaries of individual recommendations follow.

I. CUBA

U5MR: 16	Child population (0-15 years): 2.5 million
IMR: 12	Literacy (male/female): 96/96 per cent (1985)
GNP per capita: not available	Access to health services: not available

One-year-olds fully immunized against:

tuberculosis:	98 per cent
diphtheria/pertussis/tetanus:	94 per cent
measles:	85 per cent
polio:	94 per cent

Pregnant women immunized against:

tetanus: not available

The situation of children and women

1. Over 7 million of Cuba's 10 million people live in urban areas. Half of the country's approximately 3 million rural inhabitants live in communities with populations of between 200 and 2,000.
2. The country has managed to sustain its advances in health, nutrition and education. By 1988, infant mortality had been reduced to 12 per 1,000 live births. Life expectancy at birth is 72 years for men and 76 years for women. Education indicators are very positive, and the per capita consumption of calories has increased.
3. Deaths from illnesses associated with the consumption of non-potable water and poor sanitation have been reduced. However, morbidity rates measured by out-patient consultations have been increasing. The incidence of severe diarrhoeal diseases is higher in rural areas than in urban areas. About 90 per cent of the urban population has home water connections, while the figure is 14 per cent in rural areas.
4. The mountainous regions of the eastern provinces lag behind the rest of the country in socio-economic development. To address this disparity, the Government has established a special programme for economic and social development called the "Turquino Plan". It aims to augment basic services and education; to bring a greater proportion of women into the economy; to increase agricultural production; and to accomplish large-scale reforestation.

Programme co-operation, 1987-1989

5. UNICEF co-operation during the 1987-1989 programme period included activities in the areas of water supply, nutrition surveillance and the production of oral rehydration salts (ORS). In 1989, an allocation from the Special Adjustment Fund for Latin America and the Caribbean (SAFLAC) was made to support the Turquino regional development programme.

6. UNICEF provided supplies and equipment to construct new water systems and to rehabilitate others. This programme was implemented in association with community groups, the Hydroeconomic Institute, the Ministry of Health and the Central Planning Board. By October 1989, the objective of bringing water to over 80 per cent of the 230 rural communities with populations of less than 23,000 had been achieved, with the balance to be completed within the following six months.

7. Until recently, locally produced galvanized iron piping was the only material available for water supply systems. Through UNICEF co-operation, PVC piping has been imported and utilized, and has proven to be acceptable from both a technical and functional standpoint. It is also more cost-effective.

8. In 1987, supplementary funding for the national system of nutrition surveillance and nutrition education was approved. Because no supplementary funds had been received by 1989, a small amount of general resources from the country programme budget has been allocated and utilized to strengthen the nutrition aspect of the programme and to improve data processing for nutrition surveillance.

9. The ORS packaging facility received funds from the Under-Five Mortality Reduction Reserve to mix and package equipment and went into full production in 1989. These packages carry health messages for mothers. Cuba is now self-sufficient in ORS production.

10. In 1989, a two-year commitment of SAFLAC funding was made to strengthen the health education, water supply and sanitation, food production and monitoring and evaluation components of the Turquino regional development programme. This co-operation will continue in the proposed 1990-1994 country programme.

Lessons learned

11. The positive results of extending water supply and sanitation to small rural communities and the continuing need for rural water supplies are reasons to continue co-operation in this area. Moreover, the introduction of PVC piping has proven to be an appropriate, low-cost alternative to galvanized iron, and its use should be continued in future co-operation.

12. Despite the progress reflected in positive social indicators, Cuba has been slow to adopt low-cost and appropriate programme approaches, such as the health card, owing to its relative isolation from other Latin American experiences. This will be remedied by technical co-operation and information exchange with other countries of the region as part of the proposed programme of co-operation.

Recommended programme co-operation, 1990-1994Estimated annual expenditure

(In thousands of United States dollars)

	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>Total</u>
Health education	20	20	20	20	20	100
Water supply and sanitation	70	70	70	70	70	350
Women in development	40	40	40	40	40	200
Technical co-operation	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>50</u>
Total	<u>140</u>	<u>140</u>	<u>140</u>	<u>140</u>	<u>140</u>	<u>700</u>

Health education

13. UNICEF co-operation has been requested to support the national health education programme and to introduce the child health card at the national level.

14. Some 250,000 child health cards will be printed and distributed each year with UNICEF assistance. The health card will contain a growth monitoring chart, basic messages on the use of ORS for the control of diarrhoeal diseases (CDD), an immunization schedule and messages on hygiene. The card will be held exclusively by the mother, who will be trained to use the card by the family doctor. The Ministry of Health, through the health and family doctor infrastructure, will be responsible for the implementation and monitoring of the child health card.

Water supply and sanitation

15. Complementary to the assistance provided to the Turquino regional development programme with SAFLAC funding, UNICEF assistance has been requested to facilitate the expansion of water supply and sanitation to rural communities in the provinces of Sancti Spiritus, Cienfuegos and Villa Clara. Co-operation will be provided to bring clean drinking water to 43 rural communities in these three areas.

16. UNICEF assistance is also requested to provide the necessary moulds to enable the local plastic moulding facility to produce PVC piping for water projects throughout the country. The resulting cost-reduction will permit an expansion of the government water supply programme to additional communities.

17. A clean water supply will bring improved sanitary conditions and health education into communities. UNICEF will assist in the preparation and reproduction of health education materials.

18. The National Institute of Hydraulic Resources will oversee the production of PVC piping and, in co-operation with the Ministry of Health and community action groups, will implement and follow up the provision of potable water supply to communities.

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Women in development

19. UNICEF co-operation is requested to expand employment opportunities for women in an effort to make more food available in communities in the mountainous zone, particularly the municipalities of Yateras and El Salvador in Guantanamo Province, Guisa and Bartolome Mase in Granma Province and Songo-La Maya and Il Frente in Santiago de Cuba Province.

20. In association with community organizations, the Federation of Cuban Women will train women in homecraft food processing industries such as fruit and vegetable processing and cheese production. UNICEF will provide supplies and equipment. The products will be supplied to primary and pre-primary schools, thereby contributing to improved nutrition for children in these areas.

Technical co-operation

21. Cubans could benefit from increased knowledge of other experiences in the region and low-cost and appropriate responses to the problems facing children. Therefore, UNICEF co-operation will support a component of technical co-operation to enable Cuban officials and experts to exchange experiences with experts on children and UNICEF programmes in other parts of Latin America. Two areas identified for this technical co-operation are the "Mother Kangaroo" experience of Colombia on the care of low-birth-weight children and the utilization of PVC piping and accessories in the construction of water systems.

II. GUYANA

U5MR: 71	Child population (0-15 years): 400,000
IMR: 56	Literacy (male/female): 97/95 per cent (1985)
GNP per capita: \$390 (1987)	Access to health services: 89 per cent (1983)

One-year-olds fully immunized against:

tuberculosis:	64 per cent
diphtheria/pertussis/tetanus:	64 per cent
measles:	55 per cent
polio:	69 per cent

Pregnant women immunized against:

tetanus:	57 per cent
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The situation of children and women

22. Over the last decade, the quality of life of children and women in Guyana has deteriorated because of stagnating economic growth, declining per capita gross domestic product, reduced real incomes, high inflation, fewer imports of essential commodities and a decline in spending for social services.

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23. The health status of the population has also declined considerably. The infant mortality rate (IMR) is currently estimated at 56 per 1,000 live births. A UNICEF-supported baseline data survey in 1988 showed that 2.6 per cent of the children attending clinics were severely malnourished. Further, 18.4 per cent of babies were born with low birth weight (below 2,500 grams). Access to potable water is currently estimated at 35 per cent, which is less than half of what it was just three years ago. Water systems have deteriorated because of age and the lack of maintenance and repair. The standard of health care has been affected by a shortage of basic medical supplies, including essential drugs, because of foreign exchange problems. Immunization coverage rates for children 0-1 year old declined by several percentage points between 1987 and 1988 owing primarily to cold-chain problems and insufficient attention to social mobilization.

24. The major causes of infant and child deaths include adverse perinatal conditions, pneumoconioses and other lung diseases, severe protein calorie malnutrition, infectious and parasitic diseases and pneumonia. Among the leading causes of morbidity in infants are pneumonia and gastroenteritis. Reported cases of gastroenteritis, typhoid fever and diarrhoea rose by 22 per cent between 1986 and 1987. Anaemia in pregnant women continues to be a grave concern.

25. Economic recession, declining real income and rampant inflation have forced many women into the labour market, where they compete for marginal jobs. Many children are left unattended or are attended by siblings. Over the last three years the number of street children has increased, and primary school attendance has dropped from full enrolment in 1980 to an estimated 65 per cent.

26. Problems to be addressed include (a) the high infant and maternal mortality rates; (b) the decline in immunization coverage rates; (c) the increasingly serious problem of diarrhoea; (d) the shortage of essential drugs for the treatment of serious childhood illnesses such as acute respiratory infections (ARI); (e) the high rates of malnutrition and low birth weight; (f) the continuing decline in access to safe drinking water; (g) the lack of child-care services, especially for low-income working women; (h) the decline in nursery school enrolments and in the quality of early childhood education; (i) the lack of economic opportunities for women; and (j) the problem of teenage pregnancy.

Programme co-operation, 1987-1989

27. The bulk of UNICEF assistance in the 1987-1989 programme period has been to the Ministry of Health to maintain basic health services to women and children. Assistance has been provided for the expanded programme on immunization, CDD, improvements to the maternal and child health (MCH) system and the training of community health workers. In the field of nutrition, the growth monitoring chart was introduced and 200 health workers were trained in its use.

28. Implementation of a supplementary-funded water supply project was initially delayed because of technical and logistical problems. In addressing those problems, the funds were reprogrammed to provide a far greater number of people with clean water. Implementation has since proceeded smoothly.

29. Assistance in the field of early childhood development has focused on improving the internal efficiency of education services for children from three to six years old (nursery age), mainly through teacher training and the production of teaching and learning materials. Because the number of women who are forced through economic necessity to join the labour force is increasing, day-care services were expanded in the city of Georgetown. Support was provided for training, supervision and the provision of materials.

30. Assistance was also provided through SAFLAC to lessen the effects of adjustment on vulnerable groups within the framework of the government social impact amelioration programme. A key part of this co-operation, earmarked for improving the collection and analysis of social data, will assist Guyana in its efforts to measure the impact of progress towards important social goals, such as IMR reduction. In addition, raw materials were provided for the local production of essential drugs, and equipment was provided for the rehabilitation of 12 rural water systems.

31. Within the social impact programme, UNICEF and the United Nations Development Programme (UNDP) have provided emergency assistance for a World Food Programme school feeding programme to ensure adequate nutrition for children suffering as a result of the economic recovery programme.

32. The quality of UNICEF assistance has been enhanced by the work of two United Nations Volunteers (UNVs) who have provided technical support to the Government in the fields of health and early childhood development.

33. Because of the economic situation, flexibility in funding local costs is required if programme objectives are to be achieved. In addition, the UNICEF office should be strengthened to enable it to cope with increased programme throughout. This has been taken into account in the preparation of the proposed country programme.

Recommended programme co-operation, 1990-1994

Estimated annual expenditure

(In thousands of United States dollars)

	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>Total</u>
<u>General resources</u>						
Health						
Immunization	180	100	50	50	50	430
Control of diarrhoeal diseases	12	11	11	11	10	55
Other	<u>93</u>	<u>79</u>	<u>84</u>	<u>94</u>	<u>105</u>	<u>455</u>
Subtotal	<u>285</u>	<u>190</u>	<u>145</u>	<u>155</u>	<u>165</u>	<u>940</u>
Nutrition	30	35	40	45	30	180
Young child development	30	40	70	60	50	250
Women in development	25	5	10	5	20	65
Programme support	<u>30</u>	<u>30</u>	<u>35</u>	<u>35</u>	<u>35</u>	<u>165</u>
Total	<u>400</u>	<u>300</u>	<u>300</u>	<u>300</u>	<u>300</u>	<u>1 600</u>
<u>Supplementary funding</u>						
Essential drugs	100	100	100	100	100	500
Water supply	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>500</u>
Total	<u>200</u>	<u>200</u>	<u>200</u>	<u>200</u>	<u>200</u>	<u>1 000</u>
Grand total	<u>600</u>	<u>500</u>	<u>500</u>	<u>500</u>	<u>500</u>	<u>2 600</u>

34. The overall goal of the programme is to target low-cost and effective actions in such a way as to arrest the current downward trends and bring about an improvement in child survival, while at the same time providing better conditions for the care and development of Guyanese children. The core of the programme concentrates on the continuation and intensification of health and nutrition activities, with associated and mutually supportive interventions in water supply, early childhood development and women's programmes.

Health

35. Health sector objectives for the programme period include (a) the reduction of IMR to 37 per 1,000 live births by 1994; (b) a 25 per cent reduction in the maternal mortality rate by 1994; (c) the eradication of polio by 1991; (d) the eradication of measles by 1995; (e) universal child immunization (UCI) by 1990; (f) a 25 per cent reduction in deaths from ARI by 1994; (g) a 10 per cent reduction in the present levels of low birth weight by 1994; (h) a reduction in the level of severe malnutrition among children five years old and younger from the 1987 level

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of 2.6 per cent to 1.3 per cent by 1994; and (i) a reduction in the level of moderate malnutrition among children five years old and younger from the 1987 level of 20.6 per cent to 18 per cent by 1994.

36. The Government has requested UNICEF support in achieving those objectives with the following co-operation:

(a) Immunization: An analysis of the immunization programme has revealed that problems in social mobilization and the cold chain, among others, have led to low coverage rates in some areas. The strategy for achieving UCI by 1990 and sustaining it will include concentrating attention on low uptake zones and a general strengthening of programme delivery;

(b) CDD: With the continued deterioration of water supply systems, diarrhoea has become an increasingly serious problem. The distribution of ORS, as well as the training of health workers and the establishment of regional diarrhoeal training units will continue. The programme will be complemented by activities in the water and sanitation sector;

(c) Essential drugs: There is a serious shortage of drugs due to health budget cuts, and some of the main causes of child death and morbidity, such as ARI, are going untreated. To overcome these problems, drugs, currently being provided through SAFLAC, will continue to be supplied through supplementary funding, with a cost-recovery element incorporated as a feature of the programme;

(d) Strengthening MCH: This will involve the training of health workers and the provision of essential supplies, equipment and transport for rural health units.

Nutrition

37. Because Guyana has the highest rates of malnutrition in the Caribbean, activities to promote breast-feeding and to improve weaning practices will be intensified. Growth monitoring cards will play a vital part in increasing nutrition awareness and in serving as the basis of a national surveillance system.

Water supply

38. Objectives in the water programme are to provide approximately 55,000 people in rural areas with safe water supplies. This will involve drilling wells and providing pumps and pipes for new systems, as well as tools and spare parts for the rehabilitation of non-working systems. Supplementary funding will be sought for this co-operation.

Early childhood development

39. UNICEF has been requested to assist the Nursery Division of the Ministry of Education in teacher training and in the provision of teaching and learning materials. In the municipality of Georgetown, similar assistance will be provided to consolidate and improve the quality of existing day-care services.

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Women in development

40. In order to expand income-earning opportunities for women, UNICEF will assist the Women's Affairs Bureau in establishing a revolving loan fund. UNICEF will also work with the Women's Affairs Bureau to disseminate Facts for Life messages in an effort to give women the knowledge to help them improve their own and their family's health. Facts for Life messages will also be appropriately utilized in all aspects of UNICEF co-operation.

Programme support

41. Implementation of the country programme will be overseen by the UNICEF Caribbean Area Office in Barbados, with the Georgetown office being responsible for day-to-day follow-up. Technical assistance in health and early child development will continue to be provided through the UNV programme.

III. WOMEN IN DEVELOPMENT: REGIONAL

The situation of women in Latin America and the Caribbean

42. Latin America and the Caribbean enter the 1990s with the conviction that the 1980s have been a lost decade in terms of development. Each inhabitant of the region confronts the 1990s with an average per capita gross national product approximately 10 per cent below that of 1980. Economic decline and the transfer of almost \$200 billion to meet external debt obligations have fostered an unparalleled process of impoverishment. The region now has 204 million poor, 74 million of whom are victims of critical poverty. This means that they lack the resources necessary to satisfy basic food needs. It appears, therefore, that the effects of crisis in the 1980s will extend into the 1990s.

43. The plight of poor women in the region is alarming, particularly since present circumstances are further complicated by the social, political and economic discrimination to which these women traditionally have been subjected. A look at the roles society assigns to women, indicators of their participation in health and educational services and data on violence and abuse affecting the female population, highlights the negative aspects of their situation. It is a known fact that poor women are constantly adding new responsibilities to their traditional and, as yet, "invisible" roles in society. This shift in obligations is altering the economic base of low-income families. Consequently, women are becoming the main source of financial support for many such families. The present crisis in social investment is being financed primarily through the extraordinary efforts of poor women, who enable nearly one third of the Latin American and Caribbean population to survive.

44. Through case studies in various countries, UNICEF has documented the expansion in women's productive role and the unprecedented growth in their responsibilities for family survival. Women in the poorest sectors of society must confront new economic and social problems without adequate education, training or preparation. As a result, they are more prone to mental anxiety and excessive physical exertion.

45. Toxaemia, haemorrhages, abortion and complications during puerperium account for more than 50 per cent of maternal mortality in many countries of the region. Furthermore, this percentage is underestimated due to incomplete health statistics and the fact that numerous births occur outside hospital centres.

46. The nutritional status of poor women in rural and urban areas is affected by a set of factors: the trend in real wages; cutbacks in food programmes for the poor; and the failure of institutions to respond to the nutritional needs of low-income women. Another important factor is the amount of physical energy expended by poor women, who normally dedicate 18 hours a day to household chores and activities required to earn what is often the family's only income. In short, the nutritional status of poor women in the region is critical.

47. On the average, teen-age girls in Latin America and the Caribbean become sexually active before 15 years of age. An extreme case is Jamaica, where 16 per cent of the female adolescent population become sexually active before 10 years of age. Early pregnancy is a high-risk condition owing to immaturity of the reproductive organs. Moreover, when a woman is malnourished, the heavy biological demands of pregnancy are even greater.

48. Some 20 per cent of the adult female population in the region is illiterate. The rate is 35 per cent in Bolivia, 65 per cent in Haiti and 42 per cent in Honduras. A command of the written language is perhaps the most important basic skill a poor woman needs to meet growing responsibilities more efficiently and with less physical effort. Literacy also enables women to take an active part in important decisions concerning their own well-being and rights.

49. Numerous studies in different countries point to a considerable increase in the number of hours poor women dedicate to domestic tasks and a rise in the number of activities they perform. This heavy domestic work-load is complicated by the lack of labour-saving devices, technology and educational skills to make productive activity more efficient.

Programme co-operation, 1986-1989

50. Co-operation during the 1986-1989 period centred on five lines of action: (a) advocacy; (b) basic services; (c) income-generating activities; (d) organization of women; and (e) institutionalization of projects. To implement these lines of action, all area and country offices participated in the programme to analyse, reflect on, evaluate and adjust co-operation experiences in the countries. This was done to establish a unified set of criteria for assigning priorities, to conceptualize each line of action, to prepare frames of reference and to develop programme guidelines that ensure specific action for women within country programmes of co-operation.

51. The cause of women was advocated through (a) the publication and dissemination of country case studies and research on the situation of women (e.g. Invisible Adjustment: Poor Women and Economic Crisis, Two Dialogues on Women, State and Civil Society Combining Efforts in Favour of Women, Technical Training and Credit for Women, Institutionalization of Women's Projects); (b) seminars, conferences and

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round-table discussions to enable high-ranking officials to analyse the situation of women; and (c) regional meetings for non-governmental organizations (NGOs) and networks that work for women in conjunction with state agencies.

52. Experiences and project models related to basic services and income-generating activities were shared among 12 countries in the region. Six regional workshops were held for programme focal points on topics of specific concern to poor women. A course was organized on gender consideration in programmes of co-operation and how to work with poor women. More than 50 officers have benefited from this type of training which was designed to improve UNICEF technical assistance to Governments. Owing to these activities, the number of countries where women's activities or projects are part of the programme co-operation increased from 7 to 20.

53. The programme has been an effective counterpart in regional events sponsored by other United Nations agencies such as UNDP, the United Nations Development Fund for Women (UNIFEM), the Pan American Health Organization/World Health Organization (PAHO/WHO), and the Economic Commission for Latin America and the Caribbean (ECLAC), and has encouraged joint action to implement projects at the country level.

54. Through these initiatives, the programme has promoted recognition and acceptance of the critical situation facing poor women. UNICEF encouraged dialogue between NGOs and the State to co-ordinate action for women.

55. Action to organize women and to institutionalize projects failed to achieve the goals contemplated for the programme period. These are two complex areas where further experience is required. Systematic processes and interventions of this type were often interrupted by changes in government personnel. Effective implementation of these lines of action requires true political will, which still does not exist.

56. The regional programme has been evaluated on a yearly basis, with corresponding recommendations applied by the offices. An overall evaluation, co-ordinated by the Regional Adviser on Planning and Evaluation, was conducted at the end of the 1980s with the assistance of UNIFEM, PAHO and an outside consultant. The evaluation team unanimously recommended continuation of the regional programme on women's empowerment for development. Some of their conclusions and recommendations are noted below.

57. The programme is recognized as a pioneer within the United Nations system and among bilateral agencies. It has (a) helped to make action and projects for women a part of co-operation programmes at all area/country offices; (b) played an important role in regional level advocacy to further an understanding of the situation confronting poor women; and (c) catalysed internal and external resources to expand action for women.

58. Basically, the evaluation team recommended the following:

(a) The programme must work to prevent women from being treated as "instruments" or "agents" for the provision of services. There must be an

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all-encompassing view of women as social citizens, thereby permitting a comprehensive approach that diminishes emphasis on their reproductive function;

(b) The programme should maintain its administrative structure - a regional co-ordinator and a focal point in each country;

(c) The programme should accompany and collaborate on new regional initiatives, thus aiding inter-agency co-operation;

(d) Effects of the crisis and female impoverishment in low-income sectors demand a continued effort where UNICEF presence and effective action - developed through the regional women in development programme - is an essential element;

(e) Women are the key to breaking the generational cycle of poverty. Therefore, if the policy of adjustment with a human face is one of the organization's regional concerns, the presence of action for women also must be manifest in Latin America and the Caribbean.

Lessons learned

59. Specific problems dealing with the situation of women are part of the overall issue of poverty in each country of the region. Consequently, policy for women must be encouraged and formulated as part of general state policy and strategies if socio-economic conditions for women are to be improved. This is particularly true of government plans to combat poverty. It is important to remember that policy focusing on the situation of women can be designed and implemented only if state institutions recognize and accept the specific nature of women's problems.

60. UNICEF-supported projects and actions to meet the specific needs of women must be testimonies that promote and achieve the formulation and application of policies for women.

Recommended programme co-operation, 1990-1995

Estimated annual expenditures

(In thousands of United States dollars)

	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>Total</u>
Advocacy	30	60	60	60	60	30	300
Technical assistance	40	80	80	80	80	40	400
Communication and social mobilization	40	80	80	80	80	40	400
Planning and co-ordination	25	50	50	50	50	25	250
Monitoring and evaluation	<u>15</u>	<u>30</u>	<u>30</u>	<u>30</u>	<u>30</u>	<u>15</u>	<u>150</u>
Total	<u>150</u>	<u>300</u>	<u>300</u>	<u>300</u>	<u>300</u>	<u>150</u>	<u>1 500</u>

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61. Situation analyses of poor women in the various countries, experience gained through co-operation for women, case studies and regional analyses indicate that the basic problems of poor women in Latin America and the Caribbean are maternal morbidity and mortality, nutritional deficiencies, teen-age pregnancy, educational limitations and domestic overwork. Strategic goals for the 1990s feature partial reduction of a specific percentage of these problems.

62. Although confronted in the past and featured to some extent in country programmes of co-operation, action at the regional level must be intensified to enhance awareness among state agencies and civil society as to the way these problems affect women, children, families and society in general.

63. The foregoing considerations, coupled with the recommendations of the evaluation team, are the basis for the proposal to extend the regional women's development programme as outlined earlier.

64. The objective is to expand regional advocacy that provides Governments with information on the serious effects of the problems affecting women and mobilizes state agencies and other subregional and regional public institutions, as well as bilateral or multilateral non-government co-operation agencies, to act on behalf of poor women.

65. Advocacy at the regional level will be complemented with technical assistance so that area and country offices can broaden their efforts to advocate the cause of poor women in political, public and civil environments. In this case, the aim is to reinforce institutional capacity, thereby facilitating a more efficient response to the problems of poor women.

66. The regional programme strategy is based on communication and alliances with regional and subregional networks of government and non-governmental organizations and technical assistance to UNICEF offices.

67. Communication and alliances will focus on (a) making political and public spheres and civil society more aware of the four basic problems confronting poor women; (b) linking the regional office to women's data networks and increasing internal capacity of the latter to develop information and documentation activities and to disseminate data on women; (c) establishing institutional alliances to develop mutual support activities in the fields of research, production and dissemination of written materials on women and to strengthen these actions reciprocally; and (d) supporting UNICEF offices in the development of strategies to produce materials for social mobilization and women's education programmes.

68. Technical assistance to area and country offices will concentrate on (a) strengthening planning, programming, monitoring and evaluation of actions developed for women within programmes of co-operation; (b) systematizing and sharing experiences that offer an effective response to priority problems; and (c) designing and disseminating methodological guides for work with women.

69. A group of variables and indicators will be established to create, unify and improve situation analyses relative to women in countries of the region and to

design a methodological guide for their application. These indicators can also be used to monitor progress or deterioration in the situation of women.

70. The following activities will be undertaken: (a) case studies on priority women's problems (maternal morbidity and mortality and nutritional deficiencies, teen-age pregnancy, educational limitations and overwork in the home) and other topics of interest in the region; (b) the identification of regional and subregional networks and the creation of links with the same for information and documentation on women; and (c) the documentation and dissemination of studies and experiences relative to the priority problems of women.

71. The programme will provide specific training on (a) the use of methodology and indicators for situation analyses of women in the countries; (b) the organization of subregional workshops on the use and operation of information and documentation networks; (c) the development of a social mobilization and educational communication strategy for women; and (d) the continuation of UNICEF staff training aimed at improving advocacy and technical assistance provided to Governments.

72. The goal is to foster and increase action and to improve services designed to meet the priority problems of women. With this purpose in mind, the programme will provide instruments and mechanisms needed to transfer successful intervention models and experiences of other offices and agencies to state institutions serving as UNICEF co-operation counterparts.

73. The administrative structure of the programme will include a regional co-ordinator and a focal point in each country. The regional co-ordinator and the focal points form the Executive Committee, which is responsible for planning, programming, execution, monitoring and evaluation. The regional co-ordinator and the focal points have specific functions and responsibilities in this respect and must comply with a series of annual activities.

74. A system of joint plans of action between the regional office and all area and country offices has already been established for the programme. It is used to systematically monitor and evaluate the implementation status of programmed activities on a yearly basis. Monitoring and evaluation results are used to prepare the plan of action for the coming year. In this way, technical, administrative and financial decisions are taken periodically and by consensus, thus ensuring the achievement of proposed objectives.

75. Participation of other multilateral and bilateral co-operation agencies (e.g. UNDP, PAHO/WHO, the United Nations Population Fund, UNIFEM, the Food and Agriculture Organization of the United Nations, ECLAC, the Inter-American Development Bank and the Regional Employment Programme for Latin America and the Caribbean) will be sought in order to implement the programme, as per the scope and efficiency planned for advocacy designed to inform Governments about the serious problems of poor women.



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1990 session

FOR ACTION

RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES FOR
PROGRAMMES IN THE ASIA REGION WITH ANNUAL PLANNING
LEVELS NOT EXCEEDING \$500,000

SUMMARY

This document contains recommendations for funding from general resources for programmes in the Asia region with annual planning levels not exceeding \$500,000. The Executive Director recommends that the Executive Board approve funding from general resources in the following amounts for the programmes listed below.

<u>Country/programme</u>	<u>Amount</u> (United States dollars)	<u>Duration</u>
Maldives a/	1 500 000	1990-1994
Republic of Korea	1 400 000	1990-1993

a/ There is also a proposal for supplementary funding in the amount of \$3,000,000 for the same period.

Summaries of individual recommendations follow.

I. MALDIVES

U5MR: 70

IMR: 48

GNP per capita: \$400 (1981)

Child population (0-15 years): 35,000

Literacy (male/female): 92/94 per cent

Access to health services: 100 per cent

One-year-olds fully immunized against:

tuberculosis:	97 per cent
diphtheria/pertussis/tetanus:	79 per cent
measles:	91 per cent
polio:	79 per cent

Pregnant women immunized against:

tetanus: 80 per cent

The situation of children and women

1. The infant mortality rate (IMR) in Maldives has declined over the last decade from 120 to less than 50 per 1,000 live births. This is mainly a result of the implementation of child survival strategies, including immunization, the promotion of oral rehydration therapy (ORT), growth promotion and the promotion of breast-feeding. With the improvement of child survival, child growth and development and maternal health have become the areas of major concern. Neonatal mortality, which accounts for 60 per cent of the present IMR, results from unhygienic birth practices and poor pregnancy care. Over 50 per cent of the deliveries are still handled by untrained traditional birth attendants (TBAs). The maternal mortality rate is about 5 per 1,000 live births and the still birth rate is 20 per 1,000 live births. About 20 per cent of the babies are born with low birth weight.

2. Maldives has been successful in achieving a high literacy rate and primary school enrolment, and girls have equal access to schools. However, the quality of education and school completion rates are poor, particularly in the traditional island schools, which account for 40 per cent of the country's total primary school enrolment. A shortage of skilled personnel is the major constraint for curriculum development, textbook production and teacher training. Approximately 20 per cent of the teachers working in the country are expatriates.

3. Early marriage and frequent, ill-spaced pregnancies have led to a high population growth rate of 3.2 per cent, which has already put severe pressure on the very fragile ecology of the country. The increased demand for fuelwood leads to the destruction of vegetation, and the erosion of an already small land mass. In Male, the capital, over 90 per cent of the population have access to safe drinking water and sanitation facilities. However, the growing population and the popularity of flush toilets are depleting the island's scarce reserves of ground water. In the atolls (excluding Male, the 200 inhabited islands are grouped into

19 atolls), nearly 60 per cent of the population lack access to safe drinking water, and water-borne and water-related diseases still account for a significant proportion of overall morbidity.

Programme co-operation, 1987-1989

Health and nutrition

4. Support continued for the creation of a health care delivery system to provide primary health care to the island population. Support was provided for the training of over 300 front-line workers to ensure island-based preventive, promotive and curative services. In 1989, Maldives achieved universal child immunization, and the diarrhoea case fatality rate was reduced to 3 per cent. Support for the training of TBAs led to an increase to 50 per cent in the number of deliveries being conducted by trained TBAs. Other activities included the provision of essential drugs, the construction of a central drug store, the decentralization of the health care delivery system to the regional level, the provision of mobile health services and the development of a computerized management information system. Growth monitoring covers over 75 per cent of all children, with an emphasis on growth promotion, particularly of children from 4 to 18 months of age, when growth faltering takes place.

Primary education

5. Support for primary education included the construction of 19 schools (one in each atoll) for multi-grade teaching. A uniform national curriculum was developed for the primary grade and support was also provided for the printing of textbooks. The training of over 200 teachers was completed, which improved the quality of education in the primary schools. Special condensed education courses were started for school drop-outs. English language correspondence courses were prepared.

Water and environmental sanitation

6. In the area of water and environmental sanitation, support was provided for the training of masons and the construction of rainwater collection tanks to provide safe drinking water to the atoll population. Over 1,000 community rainwater tanks have been constructed. Support was also provided for the construction of household rainwater tanks, design modification for sanitary latrines and demonstration projects in every school in the atolls and health and hygiene education.

Women in development

7. An Island Women's Committee, an island-based women's social group, was established in each of the country's 200 islands. This social organization undertakes activities related to social development. To date, almost 30 per cent of the Committee membership has received leadership training. With donor support, income-generation activities for women were undertaken. Successful examples include a Committee-run cafe for travellers, a women's co-operative on one island and a horticulture project on an atoll. Because of staff constraints, however,

programme implementation lacks clear-cut plans, which has affected Committee performance.

Lessons learned

8. Detailed, perspective plans that specify activities, responsibilities and financial input are required to improve overall programme implementation. A constant challenge for programme development should be to carefully screen all assistance to ensure that only appropriate interventions are supported and to advocate continuously the theme of sustainable development with the Government and other donors.

9. To ensure programme sustainability, it is essential to strengthen the development of human resources component. Priority should be given to the development of supervisory and management capacity at the central level and to the training of health and education personnel at the regional level.

Recommended programme co-operation, 1990-1994

	<u>General resources</u>	<u>Supplementary funds</u>	<u>Total</u>
(Thousands of United States dollars)			
Health and nutrition	375	1 025	1 400
Water supply and sanitation	500	900	1 400
Education	500	900	1 400
Women-centred programmes	<u>125</u>	<u>175</u>	<u>300</u>
Total	<u>1 500</u>	<u>3 000</u>	<u>4 500</u>

10. The proposed programme of co-operation between the Government of Maldives and UNICEF is the result of a series of joint meetings and consultations, with the active participation of representatives of the United Nations Development Programme (UNDP), the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and non-governmental organizations (NGOs). The targets and strategies are derived from the Government's national development plan, and most of the activities are directed towards the atoll population.

Enhancing child survival, growth and development

11. Support will be given to activities that will help to maintain the levels already achieved and further enhance child survival, growth and development. This will include the immunization of women and children, the promotion of ORT, the provision of essential drugs, the improvement of perinatal care services, growth monitoring for growth promotion, the control of acute respiratory infections and the promotion of breast-feeding. Efforts to eliminate neonatal tetanus by 1995 and to eradicate polio by the year 2000 will receive special support. Mobile teams

will provide multiple services covering all of the above efforts. The four regional hospitals will be equipped with facilities for vaccine storage and the provision of maternal and child health (MCH) care as part of a decentralization policy. A women's centre equipped with a safe delivery area will be established on every island and will be supported with the training of TBAs and the development of referral links. Communication and education on child spacing will also be carried out through the women's centres. Projects on cost recovery and the financing of health delivery services will be implemented in a phased manner, with the objective of phasing out external inputs, particularly essential drugs, by the end of the plan period.

Safe water supply and sanitation

12. Support for the construction of rainwater tanks will be continued, and revolving funds will be provided for the promotion of private, household rainwater tanks. New designs of sanitary latrines will be tested and, if found acceptable, used for construction. Community and school education will focus on the preservation and protection of water, personal hygiene and the safe disposal of human waste and garbage. Island-based masons will be trained to ensure the maintenance of water tanks and latrines.

Education

13. In line with government policy to achieve universal primary education by 1995, the upgrading and construction of island-based schools will be continued. Support will be extended for development and revision of a unified national curriculum for the primary grade. Teacher training will be strengthened through increased capacity of the Institute for Teacher Education, as well as through orientation and refresher courses for school headmasters and administrators. Condensed education courses for school drop-outs will be continued, with atoll-based resource centres providing supportive training to the teachers. The condensed courses will be linked to skills development for employment, giving special preference to adolescent girls. In line with the programme requirements, monitoring and evaluation of capacity development and other human resources development needs will also be supported.

Women in development

14. In the area of women and development, the focus will be on the island-based women's centre, which will be the base of women's activities on the island. The centre, a one- or two-room structure, will be provided by the island and furnished by various government sectors. It will have a delivery/MCH room, staffed by a TBA selected by the women's committee and trained by the health ministry. The second room (or a covered veranda) will serve as a place for meetings, training and demonstration and a reading room. Support will also be extended to the Department of Women's Affairs for the organization of orientation courses for the women's committees, which in turn will organize activities to promote non-conventional, energy-based cooking devices, education calling for increased age at marriage, child spacing and the need for supplemental nutrition for females during adolescence and pregnancy.

II. REPUBLIC OF KOREA

U5MR: 34 (1987)

IMR: 12

GNP per capita: \$4 040

Child population (0-15 years): 3.3 million

Literacy (male/female): 100/100 per cent

Access to health services: 100 per cent

One-year-olds fully immunized against:

tuberculosis:	94 per cent
diphtheria/pertussis/tetanus:	93 per cent
measles/MMR:	92 per cent
polio (OPV 3):	93 per cent
hepatitis 3:	78 per cent

The situation of children and women

15. In less than 40 years, the Republic of Korea has been transformed from an underdeveloped agricultural country into the fourteenth largest industrial economy in the world. The per capita income of its 42 million people reached \$4,040 in 1988, up from \$100 in 1965, and is projected to reach \$10,000 by the year 2000. Over the same period, income distribution also improved greatly. The proportion of the population in absolute poverty declined from 55 per cent in 1965 to 5 per cent in 1989. IMR has plunged from 53 per 1,000 live births in 1970 to 12 per 1,000 live births in 1988.

16. Social welfare has increased with this economic growth. No significant child malnutrition exists, largely because changes in household income have increased families' access to nutritious food. Rapid economic development would not have been possible without an educated workforce. Universal primary education was available in the 1960s, and over the next 20 years, middle school, high school and higher education enrolment expanded by 468, 620 and 595 per cent, respectively. Access to health services is also universal, with the Government providing 100 per cent insurance coverage.

17. One negative consequence of accelerated development is the tremendous decline in breast-feeding. In 1976, 85 per cent of infants in both rural and urban areas were breast-fed; but in 1988, less than half (48 per cent) of the infants in the Republic of Korea were breast-fed. The more educated the mother (and therefore the more likely to be employed), the less likely she would be to breast-feed. Also, the younger the mother, the more likely she would be to use infant formula.

18. Some 72 per cent of the population now live in urban areas, compared with only 32 per cent in 1965. The process of modernization has challenged traditional notions of a stratified society in which mobility was virtually absent. In 1988 alone, 25 per cent of the population of the Republic of Korea moved residence. Although comparatively well-paid jobs in the urban-based, modern sector are in high demand, employment imposes a heavy burden on family life, particularly for mothers. In the Republic of Korea the work-week averages 54.7 hours but women work longer hours and are paid 48 per cent the average wage of men. For working mothers, the long hours and low wages, combined with the breakdown of the extended family, make adequate child care difficult or even impossible. This is especially

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true for children in the 8.9 per cent (849,000) of households headed by women. A recent study showed that 34 per cent of working mothers leave their children at home unattended. For low-income working mothers, the situation is even worse as 65 per cent are compelled to leave their children at home alone during the day. Day-care services in urban areas cost between \$100 and \$250 a month, which is unaffordable given average wages of \$180 per month. The consequences of long working hours, coupled with unavailable or expensive day care, means that large numbers of children are growing up neglected. As a result, cases of child abuse and abandonment are increasing.

Programme co-operation

19. The UNICEF/Republic of Korea programme of co-operation consisted of three multisectoral and interrelated child and family-centred projects: (a) home-based early childhood education and development; (b) the development of thinking abilities of primary school age children; and (c) day care for low-income working mothers.

Home-based early childhood education and development

20. This project, implemented by the Korean Institute of Research in the Behavioural Sciences, aimed to impart knowledge and skills about child stimulation and development to low-income mothers living in the slum areas of Seoul, Sungnam and Kwangju. Some 138 mother/child pairs participated in the pilot project, whose test results showed a very significant improvement in the family environment surrounding the child. The early childhood education and development project is now being incorporated into a national programme to be implemented from 1990 by the Government, NGOs, private day-care centres and factory-linked day-care services.

Day-care for low-income working mothers

21. The day-care project, implemented through the Korean Women's Development Institute, began with a major study of the child-care patterns of 1,000 working mothers in five cities. The study's most startling finding was that 65.6 per cent of working mothers left their young children without proper adult supervision during the day. The survey also showed that the demand for day-care facilities was very high, with 73.1 per cent of respondents desiring public day-care centres, 18.2 per cent work-site day care and 8.4 per cent family-based day care. The results of this study are being used to guide policy-makers in the Ministry of Health and Social Affairs in the development of a national, public day-care system for low-income urban areas.

Thinking ability development

22. The thinking ability development project, implemented by the Korean Educational Development Institute, has designed and successfully tested primary school materials and teaching techniques which develop pupils' productive, creative and critical thinking, as well as insight, decision-making and problem-solving skills. The thinking abilities project provides an education package that equips pupils with skills for the future and takes on special significance in the light of the focus on "education for all in the 1990s".

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23. Other projects completed with UNICEF support during this period were:

(a) A career education project, which was integrated into the national curriculum and was financed from the Ministry of Education budget;

(b) Skills training for disadvantaged women in Songtan City (embroidery) and in Kwangju City (home-care nursing), through the Korea Save the Children Fund/Community Development Foundation. Both projects have been successful in involving city government in future implementation and financing;

(c) IMR study undertaken by the National University, School of Public Health, in collaboration with the Ministry of Health and Social Affairs, the Economic Planning Board and WHO. The study surveyed 60,000 households, and preliminary results indicate that the Republic of Korea's IMR may be at or below 10 per 1,000 live births in 1989. Final analysis of the data should be completed in 1990.

24. External relations (advocacy and fund-raising) activities increased in importance during the 1988-1989 programme of co-operation. A major achievement was the formation of a multi-party Korean Parliamentary League for Children, Population and Development, inaugurated in November 1989. In addition, UNICEF Seoul engaged in numerous activities aimed at enhancing public awareness of children's needs at home and abroad and of the UNICEF mandate for meeting those needs. UNICEF was also engaged in numerous small-scale fund-raising events in the private sector. More advocacy is needed if the Government of the Republic of Korea and its public are to provide adequate attention to and resources for children.

Goals for children and development in the 1990s: achievements of the Republic of Korea

25. The Republic of Korea's astonishing and well-distributed economic growth has been accompanied by considerable gains in social welfare. Already in 1989, the country has attained most of the goals for children and development in the 1990s, at least a decade ahead of many countries currently receiving UNICEF assistance.

26. Of the seven major goals for child survival, development and protection, five have been either achieved or surpassed. Most notable is an IMR of 12, or perhaps even as low as 10, per 1,000 live births. Universal access to basic education and sanitation, virtual elimination of malnutrition and sharp reductions in maternal mortality have also been achieved. However, the latest available statistics indicate that, in 1985, only 77 per cent of the population had access to safe water. In addition, the important goal of protecting children in especially difficult circumstances has not yet been attained.

27. Of the child health and education goals, all but one have been attained or surpassed. Breast-feeding has declined by 37 per cent over the past 12 years, so that in 1988, less than half of all infants in the Republic of Korea were being breast-fed. A major advocacy and public education campaign is needed to reverse this trend.

28. Industrial pollution is a growing health menace, particularly for children. Major efforts are required to achieve significant reductions of radioactive, chemical and other micro-biological pollutants.

29. The only other outstanding goal for the 1990s which the Republic of Korea has yet to achieve is the adoption, ratification and implementation of the Convention on the Rights of the Child.

Strategy for the transition to a UNICEF/Republic of Korea partnership in international development

30. The astounding economic and social successes of the past quarter century have prepared the Republic of Korea to assume a new role in international development. The lessons from such accelerated development, as well as the financial surplus it has generated (a current account balance of \$9.9 billion in 1987), can make a major contribution to countries eager to enjoy similar gains. The 1990-1993 programme of co-operation is but one part of a strategy that seeks to provide a mechanism to facilitate this contribution, linking UNICEF and the Republic of Korea in a new form of partnership for international development.

31. UNICEF assistance aims: (a) to enhance the development and protection of children and families in the Republic of Korea; (b) to promote the exchange of policy and programme experience between the Republic of Korea and other countries; (c) to raise funds in the Republic of Korea, from government and non-government sources, for the work of UNICEF around the world; and (d) to identify and have access to high-quality supplies for UNICEF work around the world.

32. Together these objectives form the strategy for transforming the relationship of UNICEF with the Republic of Korea into one of partnership for international development. The strategy's overall goal is to encourage the Republic of Korea to assume responsibility for international development commensurate with its achievements and stature in the international economic community. The 1990-1993 programme of co-operation will be the last such programme. It will serve as a transition during which UNICEF Seoul will gradually phase out of direct involvement in projects benefiting vulnerable groups, while significantly increasing its advocacy role on behalf of children in the Republic of Korea and in the rest of the world. By 1993, the UNICEF Seoul office will wind down its operations. Thereafter, the UNICEF presence will be assured by a Republic of Korea National Committee for UNICEF responsible for development education, advocacy and fund-raising.

Recommended programme co-operation, 1990-1993

<u>Estimated annual expenditure</u>					
(In thousands of United States dollars)					
	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>Total</u>
Early childhood development and child care	150	120	80	50	400
Advocacy	<u>200</u>	<u>230</u>	<u>270</u>	<u>300</u>	<u>1 000</u>
Total	<u>350</u>	<u>350</u>	<u>350</u>	<u>350</u>	<u>1 400</u>

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33. The 1990-1993 UNICEF/Republic of Korea programme of co-operation will support the first and second objectives of the transformation strategy - assistance for the protection of children and families and an experience/ideas exchange - through an early childhood development/child-care programme and an advocacy programme.

Early childhood development and child-care

34. Currently, 10 per cent of children under five years old in need are reached by day-care centres throughout the country. To expand services to all children of low-income families would require significant funding, which is already available to the Government, but which cannot be allocated before a national system of early child care and development is designed and an appropriate law enacted.

35. The early childhood development/child-care programme will draw on the experimental work completed by the Korean Institute of Research in the Behavioural Sciences and the Korean Women's Development Institute in the 1988-1989 cycle, and will be implemented by the Ministry of Health and Social Affairs. UNICEF will contribute technical assistance for the development of a framework for the national early childhood development/day-care system, learning materials, licensing and inspection procedures, training requirements, detailed costing, management requirements and evaluation measures. All are required to establish the law on which the national day-care programme is to be based. UNICEF will also provide support for experimenting with alternative low-cost day-care facilities at the community level and in the work place, as well as for seminars and workshops for NGOs and community groups to mobilize support for the programme. In 1992, UNICEF, with support from regional offices, will assist in the organization in Seoul of an Asian conference on the care and development of infants and toddlers. The conference will serve as one of several means to promote an exchange of ideas and experiences in this field.

Advocacy

36. The advocacy programme aims to mobilize political and financial support for children both in the Republic of Korea and in developing countries. It also aims to build government awareness of, and capacity to reach, all the child development goals for the 1990s.

37. Advocacy to mobilize support for the development and protection of children in the Republic of Korea will concentrate on those areas where the Government has yet to achieve the goals for the 1990s. These include measures to ensure the protection of children in especially difficult circumstances and to prevent child abuse and neglect; to build public awareness of the Convention on the Rights of the Child and to promote its early ratification and implementation; to bring about a reversal in the declining practice of breast-feeding; and to create greater public awareness of environmental issues affecting children.

38. The strategy for attaining the objectives of the advocacy activities for the benefit of children is the creation of a nation-wide alliance, consisting of NGOs, the media and business communities, as well as religious and women's groups. Support will be provided for the development of appropriate information materials,

the organization of seminars and conferences, small-scale, fund-raising events and study tours to UNICEF field operations for journalists and television teams.

39. To build awareness of and support for the needs of children in developing countries, as well as to share the country's experience with the rest of the world, the UNICEF-supported advocacy programme will also produce, co-produce and promote advocacy materials such as the State of the Korean Child Report, the report on the State of the World's Children, video films and other audio-visual materials showing the situation of children and women both in the Republic of Korea and in developing countries. In addition, UNICEF will help promote research and development that contribute to innovative policies benefiting children and women, as well as promote experience/ideas exchanges between the country and the rest of the world. A major goal of the advocacy programme is the establishment in 1990 of a Republic of Korea National Committee for UNICEF. The strategy for a transition to a UNICEF partnership with the Republic of Korea can only be achieved when a National Committee is operational.

40. Support for such activities will include the promotion of technical co-operation between developing countries and experience/ideas exchanges, particularly of the Republic of Korea's research on child-development, much of which has been conducted by long-term UNICEF partners, the Korean Educational Development Institute and the Korean Institute for Research in the Behavioural Sciences. Activities will include multi-media experiments, seminars and conferences, the translation of selected research and experimental publications and the use of Republic of Korea institutions as resources for training activities.

41. An important strategy for attaining all the programme objectives is the mobilization of the newly established Parliamentary League for Children, Population and Development. The League will assist UNICEF in sensitizing the Government to the situation of children in the Republic of Korea and in developing countries, thus facilitating the allocation of adequate resources to children's programmes. The League will also be instrumental in promoting ratification of the Convention on the Rights of the Child. To assist the League in its task, UNICEF will support the development of information materials for parliamentarians, networking with parliamentary leagues in other countries and study visits.

42. All of the projects will publicize the needs of children in the Republic of Korea and in developing countries, as well as the role of UNICEF in meeting those needs. The advocacy programme as a whole will help to create the momentum necessary for the establishment and development of Republic of Korea National Committee for UNICEF. Public- and private-sector fund-raising feasibility studies and fund-raising events will be undertaken simultaneously with the programme of co-operation and will support the creation of the National Committee.

43. Achievement of the objectives of the advocacy programme by 1993 will mean that the process of transforming the UNICEF/Republic of Korea relationship into one of partnership for international development will have been completed. The UNICEF Seoul office would then close and be replaced by the National Committee for UNICEF.



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PROGRAMMES IN THE MIDDLE EAST AND NORTH AFRICA REGION
WITH ANNUAL PLANNING LEVELS NOT EXCEEDING \$500,000

SUMMARY

This document contains recommendations for funding from general resources and supplementary funds for programmes with annual planning levels not exceeding \$500,000. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below:

<u>Country/programme</u>	<u>Amount</u> (United States dollars)		<u>Duration</u>
	<u>General resources</u>	<u>Supplementary funds</u>	
Jordan	2 500 000	1 500 000	1990-1994
Lebanon	1 000 000	-	1990-1991
Oman	750 000	-	1990-mid-1991
Palestinian children in:			
Jordan	1 000 000	1 000 000	1990-1994
Lebanon	600 000	-	1990-1991
Syrian Arab Republic	200 000	-	1990

Summaries of individual recommendations follow.

I. JORDAN

U5MR: 57

IMR: 43

GNP per capita: \$1,560

Child population (0-15): 2 million

Literacy (total): 75 per cent

Access to health services (total): 95 per cent

The situation of children and women

1. The population of Jordan is 4 million and growing at an annual rate of 3.4 per cent. About 64 per cent of the people live in urban areas. After expanding by an average of over 10 per cent a year during the period 1974-1983, the economy entered a recession in the mid-1980s. Since 1988, the Government has adopted an adjustment programme to address serious fiscal, foreign exchange and debt service pressures. High inflation (nearly 30 per cent in 1988-1989), static public spending, rising unemployment and occasional shortages of consumer goods and foodstuffs have increased pressures on family budgets. Owing to the 50 per cent devaluation of the national currency (dinar), low economic growth and rapid population expansion, the per capita income of \$1,560 in 1987 dropped to \$850 in 1989, according to a 1989 Ministry of Planning/World Bank study. However, since 1975 the Government has been able to maintain social services, including maternal and child health (MCH) and education.

2. According to a 1988 UNICEF/Ministry of Health survey, the infant mortality rate (IMR) has been reduced from 80 per 1,000 live births in 1980 to 35 in 1988. Thus, the target of halving IMR during the 1980s has already been achieved. The under-five mortality rate (U5MR) is estimated at 45 per 1,000 live births. The major causes of infant and child mortality are diarrhoeal diseases, acute respiratory infections (ARI), prematurity and congenital abnormalities.

3. Immunization rates are high: 98 per cent for combined diphtheria/pertussis/tetanus vaccine/oral polio vaccine (DPT/OPV3), 87 per cent for measles; and 75 per cent for tetanus toxoid for pregnant women. Some 64 per cent of families use oral rehydration salts (ORS) or home-made oral rehydration therapy (ORT) to prevent dehydration. However, 25 per cent still use medication.

4. The Government operates an efficient national health care system comprised of 570 health centres/village clinics, 55 hospitals and a school health programme. This is complemented by a substantial private sector infrastructure network of hospitals, clinics and pharmacies.

5. Some 40 per cent of women do not have pre-natal care and 40 per cent of all births are attended by untrained traditional birth attendants (TBAs). About 96 per cent of mothers breast-feed their babies. Maternal mortality is not well documented, but it is estimated at 40 per 100,000 live births. Nearly half of all births are to women in the high-risk age-group (below 20/over 35).

6. Access to water and sanitation is good throughout the country. Water projects have been generously supported by the World Bank, the United States Agency for

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International Development, the Federal Republic of Germany, Canada and other bilateral donors.

7. Adult literacy is 75 per cent (80 per cent for men and 67 per cent for women). Primary school enrolment is virtually universal. Although girls account for 48 per cent of total student enrolment, they still suffer sex disparities in health care, breast-feeding, nutrition, play and stimulation and development activities.

8. Although there are no reliable data regarding the extent of childhood disabilities, a programme to address this problem is needed. As IMR declines and child survival is ensured, the psycho-social aspects of child growth and development have become high priority concerns.

Programme co-operation, 1986-1989

9. The objective of the 1986-1989 programme of co-operation was to reduce infant and child mortality and morbidity through the immunization of 90 per cent of children and pregnant women; the promotion of ORT; and ensuring that 60 per cent of mothers use growth-monitoring charts.

Expanded programme on immunization

10. The demand for immunization was increased through social mobilization and social marketing techniques. At the same time, the infrastructure for programme delivery was strengthened and expanded, with a particular focus on remote and underserved regions. Health facilities increased from 154 to 254; 21 mobile teams were established; the cold-chain system was expanded and enhanced; and nearly 2,000 health staff were trained. The World Bank helped to fund the building of new health centres, while UNICEF supported the establishment of the cold-chain and mobile teams.

Oral rehydration therapy

11. UNICEF provided the required machinery for the domestic production of Aquasol ORS packets, which are now distributed free by health centres and sold in pharmacies. Social mobilization, the effective use of the mass media, personnel training and seasonal acceleration campaigns have substantially increased demand for ORS. By the autumn of 1987, 95 per cent of mothers had heard of Aquasol, 85 per cent could name at least two signs of diarrhoea and 70 per cent continued feeding their children normally during diarrhoea episodes. Mortality associated with diarrhoea declined from 5 per 1,000 live births in 1985 to 1 per 1,000 live births for children under the age of five.

Nutrition education

12. This effort began with a pilot nutrition survey in the Jerash area in mid-1988. The project aimed to raise the rate of growth monitoring by testing the most appropriate growth chart and promoting its use throughout the country.

13. Regular annual reviews of all projects were held and included in-depth evaluations of the ORT/control of diarrhoeal diseases (CDD) and expanded programme on immunization (EPI) projects in 1987, and an evaluation of EPI/CDD coverage and IMR assessment in 1988.

Recommended programme co-operation, 1990-1994

	<u>General resources</u>	<u>Supplementary funds</u>	<u>Total</u>
	(In thousands of United States dollars)		
Health			
Expanded programme on immunization	370	250	620
Control of diarrhoeal diseases	140	-	140
Other health	990	750	1 740
Subtotal	1 500	1 000	2 500
Education	400	250	650
Early childhood development	350	250	600
Advocacy	250	-	250
Total	<u>2 500</u>	<u>1 500</u>	<u>4 000</u>

14. As a result of the increase of affordable planning levels in 1988, funds originally approved for use in 1990 have been fully utilized. Therefore, the new programme of co-operation will cover the period 1990-1994.

15. The programme aims to promote child survival, development and protection goals with specific focus on four major programmes: health; early childhood development; school health education; and advocacy.

Health

16. The overall objectives of the health programme are to reduce (a) IMR from 35 to 25 per 1,000 live births by 1994; (b) the maternal mortality rate (MMR) to 40 per 100,000 live births by 1994; and (c) child and maternal morbidity. The programme includes five projects: EPI; CDD; ARI; maternal health care; and the prevention and rehabilitation of childhood disability.

Expanded programme on immunization

17. This project aims to (a) sustain and consolidate immunization coverage of infants at 90 per cent for three doses of DPT and OPV3; (b) raise coverage for measles to 95 per cent; (c) eradicate polio by the year 1992; and (d) expand coverage of mothers with two doses of tetanus toxoid (TT2) to over 90 per cent by 1995. UNICEF will support the training of medical personnel, annual acceleration

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campaigns (with special focus on measles and tetanus toxoid) and a better system of surveillance of immunizable diseases. Vaccines, vehicles, the cold-chain, training, media campaigns and support for monitoring and evaluation will be provided.

Control of diarrhoeal diseases

18. The project aims to reduce diarrhoea-related mortality and morbidity among infants and children under the age of five years. About 90 per cent of all cases of diarrhoea among children under five years old will be given appropriate treatment and 80 per cent of medical and paramedical personnel will be trained in the use of OPT. Support will include training health personnel; conducting acceleration campaigns; reducing disparities in ORT use among governorates; promoting the role of the media in disseminating knowledge; creating public demand for ORT; and advocating that health professionals ban the use of anti-diarrhoeal drugs.

Control of acute respiratory infections

19. This is an important new initiative in Jordan. Its objectives are to reduce ARI-related infant and child mortality and morbidity. As baseline data on the extent of ARI are not available, the target will be set during the first phase of the project. It aims to ensure that 50 per cent of children who suffer from ARI and 90 per cent of those with pneumonia are treated according to a standardized therapy schedule, and that 90 per cent of mothers know about ARI symptoms and levels of severity. The programme will support the creation of baseline data on ARI; the preparation of standardized treatment schedule; training; the promotion of public knowledge about ARI; mass screening of children under five; and the promotion of linkages of the ARI project with other primary health care (PHC) components.

Maternal health care

20. These activities aim to reduce MMR by 50 per cent to 20 per 100,000 and maternal morbidity by 50 per cent by 1994. Action will be taken to cover 80 per cent of pregnant women and to improve and expand routine antenatal care; increase home deliveries by trained TBAs; identify mothers "at risk" in order to minimize complications during delivery; and promote knowledge of safe motherhood, nutrition, birth spacing and general health practices. UNICEF will fund a baseline survey of the causes of maternal mortality and morbidity and health service coverage; the training of TBAs and health personnel; mass media and interpersonal communications campaigns; and monitoring and evaluation.

Childhood disability prevention and rehabilitation

21. The objects of this project are to minimize disabilities from preventable causes (such as poor maternal care and immunizable diseases), to promote early detection through the screening of children under five years old and to provide rehabilitation. It aims to reach all families with information on the prevention of disabilities; to ensure that at least 50 per cent of new-borns are screened for

congenital disabilities; to screen 50 per cent of children under five years old; and to refer those with disabilities for proper treatment. The assistance will support a baseline survey; media campaigns; the establishment of community-level screening programmes; the training of medical personnel on prevention, early detection and proper rehabilitation; the mobilization of non-governmental organizations (NGOs) working in this field; and strengthening monitoring systems.

School health education

22. The project was introduced by UNICEF, in collaboration with the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization, during the previous programme of co-operation to promote better health habits and a healthy life style by increasing health literacy among primary schoolchildren. The project incorporates health education concepts in school programmes in order to reach 100 per cent of schoolchildren; encourages local health initiatives; and promotes the school's role in community health action. Activities will include teacher training; the revision of existing school curricula and the preparation of audio-visual materials for training.

Early childhood development

23. The objectives of this programme are to promote early childhood development as a vital component of programmes for children; to develop a national early childhood development programme; and to promote the optimal physical, intellectual and psycho-social development of pre-schoolchildren. The programme will comprise both home-based care by mothers as educators and the use of kindergartens, pre-schools and day-care centres. The support will include establishing nine model centres; training teachers; upgrading existing kindergartens and nurseries; preparing audio-visual materials and conducting orientation programmes for mothers; and using the mass media to reach a maximum number of parents with early childhood development messages.

Advocacy

24. In order to keep issues related to child survival and development (CSD) at the top of the national political agenda, the adoption of the Convention on the Rights of the Child and the implementation of an economic adjustment programme that will protect vulnerable groups will be supported. Seed money will also be provided for low-cost, high-impact projects that can be replicated nationally. UNICEF will continue to support research, monitoring and evaluating activities that have proven valuable in advocacy-related efforts, raising new issues, heightening existing concerns and mobilizing indigenous child-care response strategies. Programme support will also be provided.

II. LEBANON

U5MR: 51	Child population (0-15): 1.1 million
IMR: 39	Literacy: (male/female) 86/69 per cent
GNP per capita: not available	Access to health services: Not available

One-year-olds fully immunized against:

tuberculosis:	Not available
diphtheria/pertussis/tetanus:	91 per cent
measles:	81 per cent
polio:	91 per cent
pregnant women immunized against tetanus:	Not available

The situation of children and women

25. In 1989, the children of Lebanon experienced further deterioration in their daily life. Random shelling and the use of heavy artillery in civilian areas resulted in considerable loss of life and destruction of public infrastructure and private property. Since 1982, 70 per cent of the population has been displaced. Basic services have become inaccessible to the majority of the population, and there are shortages of essential commodities. When essential drugs are available, health workers are often absent from dispensaries, having left for safer surroundings or abroad. The immunization programme has been adversely affected by logistic and power supply problems.

26. Educational facilities, accommodating over 60 per cent of the school population, were closed from 14 March to early October 1989. Many school buildings have been damaged and the remainder have been left without any maintenance. Water supply networks have further deteriorated, owing to damages or total lack of maintenance. At the same time, emergency shelter and water supply had to be provided for the displaced population. Water quality has become a matter of very serious concern.

27. Children have been the major victims of the war, not only physically, but also emotionally and educationally, as they grow in an environment of fear and unpredictability. They live under continuous danger and physical stress. The war is building barriers around them - physical barriers created by the numerous front lines and psychological barriers created by mutual ignorance, biased perceptions of others, mistrust and aggressiveness. An educational system that is community-based and oriented towards the reconstruction of social values is a sine qua non for the lasting protection and development of the children in Lebanon.

Programme co-operation, 1988-1989

28. The objectives of the 1988-1989 programme of co-operation were to maintain acceptable levels of immunization; initiate and support ORT; ensure the regular supply of essential drugs; improve the physical and pedagogical conditions of the primary schools; and provide direct and urgent support to water supply networks.

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29. However, owing to the deterioration in the country, especially fluctuating economic and security conditions which made planning and implementation impossible, the UNICEF-assisted programme had to respond on the spot to urgent needs. Thus, priorities were to secure a minimum level of water supply; ensure reasonable condition of hygiene and sanitation in shelters for the displaced population; provide the minimum requirement of essential drugs to displaced families; and supply additional allocations of drugs to dispensaries and hospitals.

30. Although the successful immunization campaigns conducted in 1987 had raised EPI coverage from 80 to 90 per cent for the various antigens in seven regions not affected by war, coverage in 1989 is estimated to have declined to around 50 per cent, although statistics are not firm. Following the 1988 decline, renewed efforts were made to reactivate a national programme through more direct UNICEF involvement in the storage and distribution of vaccines and in the organization of mini-campaigns wherever security allowed them. Preliminary results showed that in each area, over 80 per cent of the target group were immunized.

31. The essential drugs project, launched in January 1989, began by training health personnel and achieved three annual distributions to between 450 and 660 dispensaries each round. Again, UNICEF personnel had to be directly involved in distribution and training. However, the project was hindered by security conditions, and attempts at cost-recovery had to be dropped owing to the economic situation.

32. In 1989, the risk of diarrhoeal diseases was aggravated by the deterioration of the quality of the drinking water supply. A special summer campaign was implemented emphasizing the training of health workers, television and radio spots and the distribution of ORS. A knowledge, attitude and practice (KAP) study conducted in June 1989 demonstrated the need to improve mothers' and physicians' knowledge and practice of ORT.

33. Sizeable water supply projects were implemented both in conflict areas and in regions where the displaced were concentrated. Some 62 water tanks were installed to supply a population of 400,000 in the suburbs of Beirut. Two wells were also equipped to feed the main lines in the area. Sanitary facilities were repaired and 7,000 kits of cleaning equipment distributed. UNICEF also assisted in disinfecting 800 shelters.

34. Assistance to orphans and widows was extended by providing for the essential, nutritional, health and schooling needs of 1,000 orphans; organizing rehabilitation training for 250 mothers, conducting vocational training for 600 mothers and securing jobs for 40 per cent of mothers who received training.

35. The rehabilitation of schools could not be undertaken, but a new, non-formal education programme oriented towards "education for peace" was initiated. The new approach to education aimed to prepare the young for a social life in which they would learn to resolve conflicts without violence. More than 105 summer camps were organized for 23,000 children from different religious, political and social groups to give them practical experience in peaceful coexistence. Some 1,200 young monitors were trained in how to organize children from different backgrounds. Some

150 NGOs co-operated with UNICEF in implementing this project. Since June 1989, 60,000 copies of a monthly children's magazine, Sawa (together), offering reading material, amusement and intellectual stimulation, were produced. Despite the security situation, UNICEF staff members demonstrated impressive dedication, and the UNICEF office never closed for even a single day.

36. The constraints faced included limited management capacity; total lack of operational budget for social sector development activities; multiplicity of regionalized and unco-ordinated decision-making centres, including an extremely large number of NGOs (444); total absence of basic data for planning; a disorganized and uncontrolled private sector providing health and educational services; difficulties in internal communication and transport; development of a dependent mentality among the population; and the permanent lack of personal security.

37. None the less, the positive relationships that UNICEF maintained with a large number of non-governmental partners, the mutual trust that has developed and the impartial relationship that UNICEF maintained with all de facto forces (whose co-operation remains indispensable), enabled UNICEF to implement an emergency programme of assistance. A large and efficient network of electronic and printed media also facilitated advocacy and social mobilization for CSD activities.

Recommended programme co-operation, 1990-1991

General resources

(In thousands of United States dollars)

Health

Expanded programme on immunization	156
Control of diarrhoeal diseases	82
Other health	316

Subtotal	554
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Water supply	42
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Education	404
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Total	1 000
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38. The challenge in the new programme of co-operation is to turn constraints into opportunities. Assuming that conditions permit, the strategy will aim to fill the policy, administrative and motivational gaps. Although some proposed projects are traditional in substance, as in the education for peace programmes, innovative methods will be used for their implementation. Field partners (mainly NGOs), will be mobilized and project implementation will be decentralized. Support will cover administrative and logistic costs. Surveys will collect basic data and projects will be regularly monitored. Extensive use will be made of community participation, and youth will be mobilized through all available media.

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39. The general objective of the programme will be to reduce infant, child and maternal mortality and morbidity and to assist in preparing the children to become positive members of a peaceful society.

Health

40. The health programme will include EPI, the provision of essential drugs; CDD; safe water supply, hygiene and sanitation; education; and the promotion of better infant feeding practices.

Expanded programme on immunization

41. The specific objective of the programme is to vaccinate 80 per cent of children 0-1 year old by the end of 1990 and to maintain this level in 1991. The programme also will build upon experience in local areas by improving the cold-chain and the reporting system and by measuring EPI coverage. UNICEF assistance will include the provision of vaccines; the supply of cold-chain equipment; support to logistic and field staff; social mobilization; and the organization and funding of national coverage surveys.

Control of diarrhoeal diseases

42. The specific objective of this project is to promote the practice of ORT in all the public hospitals, dispensaries and at least one half of private health facilities; to train 75 per cent of health workers; to provide relevant education for mothers; and to consolidate the sentinel system that was established in 1989. UNICEF assistance will include the provision of ORS; the training of physicians and health workers; the preparation and printing of manuals; and the development of television spots.

Essential drugs programme

43. The specific objective of the programme is to provide minimum supply of drugs through 640 dispensaries nation-wide and progressively to initiate a cost-recovery system. UNICEF field staff will be directly involved in needs assessment, ordering of drugs, shipment, storage, packaging, transportation, distribution, training of doctors and health workers, control and recording of prescriptions. Three national distribution schedules will be organized in 1990. Training sessions will be conducted for 450 doctors and 650 health workers.

Promotion of breast-feeding and improved infant feeding practices

44. Breast-feeding will be promoted at hospitals, maternities and MCH centres through advocacy and training in an effort to change the attitudes of senior hospital administrators and health staff. Marketing practices which encourage use of infant food formulas will be monitored. A KAP survey will be carried out and relevant educational materials for health workers and mothers will be produced. A nation-wide media campaign will be organized with television support.

Water supply

45. The quality of potable water in the country will be assessed in 1990, in an effort to control pollution. UNICEF will provide essential supplies and equipment through already approved supplementary funds for water supply, logistics support and urgent maintenance and repair costs. Efforts will be made to mobilize community participation in rural areas. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) is supporting the sanitation project. A health survey is planned for July 1990.

46. In addition to the funds requested for implementation of the programme during 1990 and 1991, \$7,359,000 will be made available from specific-purpose contributions already approved by the Executive Board.

Education

47. In the education sector, a programme of education for peace will continue to be supported. This will prepare youth to be agents for change by giving them opportunities to practise peaceful, productive and positive relationships in the educational system. The education for peace programme will have three components.

Organization of summer camps

48. The camps will be organized with the objective of bringing together 50,000 children from all regions, religions and communities to develop knowledge about all segments of the community, as well as skills, values and attitudes which promote peaceful coexistence. During the school year, weekend activities such as ciné-clubs, festivals, theatre, excursions and correspondence between schools will be organized. In the summer of 1990, 380 camps for 35,000 children will be supported. UNICEF input will include training of monitors, logistics and accommodations for the camps. Production of the monthly children's magazine, Sawa, which has become a major means of reaching children with messages of peace, will continue to be supported.

Training and mobilization of youth

49. In order to achieve the main programme objective, 5,000 children's animators will be trained in 100 sessions through training and mobilization projects. Most Lebanese youth organizations will be involved. UNICEF input will include development of training curricula; organization and logistic support; and evaluation.

Life-oriented skills training

50. This project in primary schools will train 1,000 school directors and 1,200 health promoters. The health education curriculum will be oriented towards broad practical subjects for CSD and will make intensive use of the UNICEF publication, Facts for Life.

51. UNICEF will continue to co-operate with UNRWA, the World Food Programme (WFP), the United Nations Development Programme, WHO, bilateral agencies and NGOs in the implementation of the programme.

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III. OMAN

U5MR: 64 Child population (0-15): 770,000
IMR: 40 (1988) Literacy (male/female): 60/35 per cent
GNP per capita: \$4,700 Access to health services (urban/rural): 100/90 per cent

One-year-olds fully immunized against:

tuberculosis: 90 per cent
diphtheria/pertussis/tetanus: 84 per cent
measles: 84 per cent
polio: 84 per cent

Pregnant women immunized against:

tetanus: over 70 per cent

Introduction

52. The last programme submission to the Executive Board for Oman was for the period 1988 to 1990 (E/ICEF/1988/P/L.31). Owing to the increase in affordable planning levels in 1988, the funds earmarked for 1990 have already been utilized. As preparatory activities for a five-year programme of co-operation to coincide with the government five-year plan are under way, this is an 18-month submission for 1990.

The situation of children and women

53. The population of Oman is estimated at 1.6 million, of which 60 per cent is rural, 35 per cent urban and the remaining 5 per cent nomadic. The dispersement of the population throughout the country, which is the second largest in the Arab peninsula, has made the delivery of services very difficult.

54. Nevertheless, progress in economic and social development during the 1970s and early 1980s was very impressive. In 1986, the steep fall of oil prices resulted in a decline in per capita income of 15 per cent, a large deficit in government budget and a slow-down in the implementation of development programmes. Economic adjustment measures adopted by the Government have effectively protected the social sector and emphasized the implementation of preventive measures in addressing social problems, particularly in the health sector.

55. Oman has an extensive health delivery system based on widely distributed health centres and supported by referral hospitals. Mobile health care services serve remote areas. As a result, the incidence of disease has been reduced, both IMR and U5MR have declined and the general standard of living has improved.

56. The rapid assessment survey, undertaken in 1986, showed that IMR had been reduced from 104 per 1,000 live births during the early 1980s to 45 by 1985. The 1989 WHO/UNICEF-supported child health survey indicated that IMR had been further reduced to below 40 per 1,000 live births.

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57. According to hospital records, over 50 per cent of infant deaths are due to conditions originating in the pre-natal period. The most prevalent childhood diseases are those caused by pre-natal conditions, pneumonia, diarrhoea and parasitic diseases. Trachoma is endemic in the rural population of 1 million in northern Oman. Malaria also continues to be a major health problem.

58. Some degree of malnutrition, including wasting and anaemia, also affects many young children. The availability of a wide variety of processed baby foods has caused a decline in the duration of breast-feeding.

59. Although deaths associated with diarrhoeal diseases have been virtually eliminated, the incidence of diarrhoea is still a serious problem, as 30 to 40 per cent of mothers do not know how to correctly prepare ORS. The availability of water and the conservation of existing water sources are critical problems, and the Government is making major investments to improve the situation. Adequate sanitation and hygiene education also need to be provided to reduce diarrhoeal and water-borne diseases and trachoma.

60. Other major problems include insufficient knowledge and awareness owing to the high illiteracy rate.

Programme co-operation, 1988-1989

61. In 1985, national political will, multisectoral collaboration and UNICEF technical and material support facilitated community mobilization for an EPI campaign to help reduce IMR. Following the campaign, the incidence of measles was reduced from 38,391 cases in 1981 to 350 cases in 1987. Pertussis also declined from 2,183 to 12 cases during the same period. Based on PHC/MCH reviews, increases in EPI coverage between 1983 and 1989 were the following: 40 to 84 per cent for DPT/OPV; 47 to 84 per cent for measles; and 71 to 90 per cent for BCG. Similarly, coverage of pregnant women with TT2 rose from 3 per cent in 1983 to over 70 per cent in 1989.

62. However, there was an outbreak of polio from March 1988 to January 1989. Out of 11 regions in Oman, 9 were affected, and 123 cases were reported. Some 76 per cent of cases occurred in children under two years old. Among the measures taken by the Ministry of Health to prevent future outbreaks are to immunize all children under six years old; give two doses of OPV, in addition to the three doses and a booster dose, at birth and at 40 days after birth; and establish effective surveillance for paralytic polio, including appropriate responses to suspected cases.

63. UNICEF support to EPI included the provision of cold-chain equipment, maintenance, staff training, consultancy services, the development of education information materials and monitoring and evaluation. Vaccines were also provided on a reimbursable basis.

64. The Ministry of Health/UNICEF/WHO/EPI/MCH review undertaken in 1989 commended EPI. Recommendations urged further strengthening of management and data collection

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systems and the eradication of polio by 1995. The review of the cold-chain system, also conducted in 1989, identified equipment maintenance, replacement and staff training needs.

65. The CDD/ORT programme was launched in early 1985. Assistance was provided for training and the supply of ORS on a reimbursable basis. The 1987 PHC/EPI review found that ORS was available to all health facilities; 51 per cent of health centres and 8 out of 11 hospitals had rehydration centres; and 97 per cent of mothers knew of ORS and over 83 per cent had actually used it. However, less than 70 per cent could correctly prepare ORS.

66. UNICEF and WHO provided technical support for the implementation of an MCH pilot programme in three areas of the country, which was designed to assist in standardizing MCH services. UNICEF assisted in the adaptation of staff training modules prepared by the Child Health Institute in London; the standardization of operating procedures; staff training; the production of audio-visual materials; and the provision of supplies and equipment.

67. During 1988 and 1989, a number of studies, surveys and reviews were conducted to assist with improvements in programme delivery. The results of a KAP survey on the eating habits of teenage girls and pregnant women, and infant and pre-school feeding, are being used to develop training materials and television programmes. Some of the data of the national child health survey sponsored by the Gulf Council of Ministers and UNICEF had been made available to the Oman EPI/MCH review mission to help them in their work. As a result of the UNICEF-supported review of the health information system by specialists from the London School of Hygiene and Tropical Medicine, data collection and its utilization on women and child health-related issues will be streamlined, and a system to identify MMR on a regular basis will be developed. The results of the survey on childhood disability, water and sanitation and hygiene will be used to develop training and information material for mass media educational programmes.

68. A community development programme that provided community-based services to 155 remote villages in the north and 45 villages in the south, was supported by UNICEF. Assistance included training in EPI, CDD and breast-feeding for 100 community workers (60 female); the production of training manuals; supply and cash assistance for 20 senior community workers; and the provision of a computer for programming at central level.

69. UNICEF also assisted the women's education programme through the provision of technical assistance to the Ministry of Education for preparing the curriculum for family life education; the training of 20 teacher trainers and 15 schoolteachers; the development of education materials, including films, slide-sets, posters and information booklets for adult education programmes conducted at 42 literacy centres and 4 specialized family life education centres; and consultancy services for the development of appropriate curricula for nursery schools run by the Omani Women's Association and for training their teachers.

70. With UNICEF advocacy and support, multisectoral collaboration for CSD has become standard practice. An inter-ministerial task force composed of members from

seven ministries concerned, together with representatives from national women's organizations, the Sultan Qaboos University, the public authority for marketing agricultural produce, WHO and UNICEF, meets at least once a month to decide on priority training needs and to design mass media programmes for common use by staff of institutions concerned. The objective of this co-ordinated approach is to ensure that all information provided to the community is consistent, thus eliminating any misunderstandings.

Recommended programme co-operation, 1990 to mid-1991

General resources

(In thousands of United States dollars)

Social mobilization and advocacy	259
Health	68
Community development	88
Planning and social statistics	20
Programme support	315
Total	<u>750</u>

Social mobilization and advocacy

71. It is crucial for Oman to sustain present levels of implementation of EPI; to improve the use of ORT; to reverse negative trends in breast-feeding and weaning practices; to provide proper antenatal care and nutrition for pregnant women; to improve the nutrition of children and teenage girls; to combat smoking and other harmful practices that cause ARI; to prevent child accidents; and to foster good sanitation and hygiene practices to reduce diarrhoeal cases, water-borne diseases and trachoma. Major emphasis will be placed on empowering the community, particularly women, with knowledge of better health habits and existing services. This will continue to be done through an intersectoral approach in which the inter-ministerial committee designs, produces and disseminates CSD-related promotional and educational materials.

72. UNICEF assistance during 1990 will include technical support for the development and dissemination of prototype training materials for new health community workers throughout the country. These materials will be used for training the community at large.

Health

73. Support will be provided for two annual national-level training workshops to train 500 trainers from all around the country. These trainers will return to their regions and train approximately 1,100 health staff. The management delivery and evaluation of EPI, CDD and trachoma programmes will be improved through staff

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training. The recommendations of the EPI/PHC Review will be incorporated to upgrade the cold-chain system. Consultancy services will be provided to assess the prevalence of disability among children. Staff will be trained to organize and manage rehabilitation programmes with community participation.

Community development

74. The programme will continue to be used as a key entry point to reaching women and children with the required services. Some 245 community workers will be trained and equipped to promote MCH. Thirty-two teachers for day-care centres will also be trained and equipped.

Planning and social statistics

75. Consultants will conduct a rapid assessment survey on the situation of women and children in order to incorporate planning and social statistics into the situation analysis.

IV. PALESTINIAN CHILDREN IN JORDAN

USMR: 45/62 (Camp/squatter areas) Child population (0-5): 26,600

IMR: 35/55 (Camp/squatter areas) Literacy rate (male/female): 85/75 per cent

The situation of children and women

76. There are an estimated 1.4 million Palestinians in Jordan. Most of them came to Jordan in 1948 and 1967 during the two major refugee waves from Palestine.

77. UNRWA provides education, health and relief assistance to 800,000 registered Palestinians, of whom 250,050 live in 13 camps served by UNRWA and administered under the jurisdiction of the Palestinian Affairs Department of the Foreign Ministry of Jordan. In addition, approximately 600,000 unregistered Palestinians live outside the camps. About 200,000 live scattered among the Jordanian population, and the remaining 400,000 live in peri-urban squatter communities in the Amman and Irbid regions.

78. The services provided specifically for the refugees are targeted to those in camps and shanty-towns. Palestinians who live among the general Jordanian population are adequately served by existing general and private sector services.

79. Both Palestinians and Jordanians have felt the impact of the recession in the Middle East and the economic adjustment process in Jordan. This impact includes high inflation (about 30 per cent in 1989/1990); static or declining real government expenditures and wages; fewer job opportunities in Jordan and abroad; shortages of goods; and substantial pressure on family budgets.

80. In 1988, IMR among Palestinians in Jordan was 35 per 1,000 live births, but it is slightly higher for those living in squatter areas, according to a UNICEF/

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Ministry of Health survey. U5MR is 45 per 1,000 live births. The main causes of infant and child mortality are diarrhoeal diseases, ARI, prematurity, low birth weight, congenital abnormalities and accidents.

81. MMR is not well documented, but is estimated at 40 per 100,000 live births. The fertility rate is high (seven children per woman), the crude birth rate is 35 per 1,000 and the annual population increase is 3 per cent. Over one third of women of child-bearing age have birth intervals of less than one year, and only 30 per cent use contraceptives. Average life expectancy at birth is 66 years.

82. Although 90 per cent of mothers breast-feed their infants for over one year, malnutrition rates are among the highest of any Palestinian refugee community in the region. UNRWA records show that 7 per cent of Palestinian infants have low birth weight and 5 per cent of infants and children suffer from some degree of malnutrition. Maternal malnutrition is also high.

83. Environmental health conditions are varied and poor in the camps and squatter areas. One half of squatter households and one third of camp dwellings do not have piped water supplies. Only one quarter of camp dwelling and 5 per cent of squatter households have access to municipal sewage networks or self-help water disposal schemes.

84. Adult literacy is estimated at 80 per cent (85 per cent for males and 75 per cent for females). About 90 per cent of children (aged 6-11 years old) are in primary school, with an equal ratio of boys to girls. Households headed by women, particularly in squatter areas, are the most disadvantaged. Early childhood care and development facilities are insufficient, but demand is increasing, owing in part to increasing numbers of educated mothers seeking work outside the home.

Past programme co-operation

85. UNICEF has assisted Palestinian children and women in Jordan since 1980. Assistance initially focused on providing supplies, equipment and training support for EPI, ORT and growth monitoring. Income-generating activities organized by NGOs also received support.

86. Following a rapid assessment of the situation of Palestinian children in Jordan, which revealed high levels of infection, malnutrition, injuries, diarrhoea and respiratory diseases in Amman squatter areas, the UNICEF programme was expanded in 1987-1988 to include a health education project for women.

87. The objective of the health education project was to reach 80 per cent of women living in six low-income areas with information on basic health problems and preventive practices. UNICEF supported the training of health staff, the inclusion of health education into non-formal training curricula and the development of education materials.

88. The immunization programme has been a success. In the camps, DPT/polio coverage of infants under one year old is 98 per cent and measles is 87 per cent.

In low-income urban areas, DPT coverage is 71 per cent, but figures for measles coverage are not available. Coverage with tetanus toxoid is about 75 per cent for camps and 30 per cent for low-income area dwellers. According to a 1988 Ministry of Health/UNICEF survey, over 95 per cent of Palestinian mothers have also heard of ORS and 82 per cent use it.

Recommended programme co-operation, 1990-1994

(In thousands of United States dollars)

	<u>General resources</u>	<u>Supplementary funds</u>	<u>Total</u>
Health			
Expanded programme on immunization	100	100	200
Control of diarrhoeal diseases	55	55	110
Other health	560	560	1 120
Subtotal	715	715	1 430
Early childhood development	160	160	320
Programme support	125	125	250
Total	1 000	1 000	2 000

89. The general objectives of the programme are to reduce infant and child mortality and morbidity related to immunizable diseases, diarrhoea and ARI; reduce maternal mortality and morbidity related to poor antenatal care and unsafe deliveries; prevent childhood disability and facilitate early detection and rehabilitation; and promote early childhood development.

Health

90. Health support will target EPI; CDD; safe motherhood; ARI; health and nutrition education; and the prevention, early detection and rehabilitation of childhood disability. The specific objectives are to sustain DPT3, OPV3 and measles coverage at over 90 per cent and increase coverage of women with tetanus toxoid to 90 per cent; to ensure that at least 90 per cent of mothers know about, have access to and use ORT; to treat 90 per cent of children suffering from ARI with a standardized therapy schedule; to provide 90 per cent of women with proper antenatal and post-natal care and safe deliveries; to prevent the incidence of early childhood disability through safe delivery and proper antenatal care; and to facilitate early detection and rehabilitation of disabled children.

91. Social mobilization and marketing techniques will increase knowledge of low-cost, high-impact health interventions. The training of medical and non-medical personnel and TBAs, as well as the provision of appropriate medical and informational materials, will be supported to enhance service delivery capacities at community and institutional levels.

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Early childhood development

92. A new early childhood development programme aims to improve the intellectual, psycho-social and physical development of infants and pre-schoolchildren through home and institution-based approaches. The concept of early childhood development will be introduced to mothers and pre-schools throughout the target population. The programme will focus on the particular needs of children of low-income families. UNICEF assistance will include the provision of supplies and equipment; support for training costs; material development; research/studies; and monitoring and evaluation.

Programme support

93. UNICEF will also provide support for programme implementation. Major UNICEF co-ordination and collaboration will be with UNRWA. Individual programme components will also involve WHO, the United Nations Population Fund, the Food and Agricultural Organization of the United Nations, WFP, other bilateral agencies and NGOs.

V. PALESTINIAN CHILDREN IN LEBANON

The situation of children and women

94. The life of Palestinian children in Lebanon during the last seven years has been characterized by continuing insecurity; frequent and often dramatic displacement; interruption of schooling; and loss of family members. The resulting psychological and emotional distress has severely affected the growth and development of many of these children.

95. Estimates of infant mortality in 1986/1987 range between 75 and 130 per 1,000 live births. Respiratory infection, premature birth and congenital abnormalities are the main causes of death. The lack of drinking water, sanitation and hygiene in the camps and centres for the displaced adversely affect the health of children and their mothers. The health services provided by UNRWA are of good quality, but are limited to the officially registered refugee community, leaving a large number - 4,468 families or 25,327 persons - unprotected.

96. Primary education services provided by UNRWA are of reasonable quality. However, currently more than 50 per cent of the primary-school-age children are not in "regular" schools.

97. An unusually high number of widowed mothers are faced with difficult economic conditions that are aggravated by illiteracy and the lack of basic skills. Private and NGO day-care services are insufficient and of low quality, serving less than one half of the needy children. Therefore, there is a major need for income-generating/vocational training and literacy classes for women, as well as day-care centres/kindergartens both in and outside the camps.

Past programme co-operation

98. During the last three years, continuous heavy fighting between various Palestinian factions and Lebanese militias have severely reduced UNICEF capacity to assist Palestinian children. Emergency assistance to repair and rehabilitate minimal water supplies is the priority concern. All camps received UNICEF assistance in this area, and over 200,000 people were directly served.

99. When security permitted, assistance was provided to kindergartens and nurseries. UNICEF supported literacy centres and vocational training sessions in crafts, typing, industrial sewing and embroidery that benefited 140 women heads of households and girls. Supplies and equipment for income-generating projects benefited 3,000 women.

100. Assistance to the health sector was co-ordinated with UNRWA. Support was given for the vaccination of 20,000 children and for the promotion of a CDD project. Since 1989, all dispensaries in the camps were included in the regular Lebanon essential drugs project. During the summer of 1989, more than 2,000 Palestinian children participated in summer camps and joined the movement of education for peace.

Recommended programme co-operation, 1990-1991General resources

(In thousands of United States dollars)

Early childhood education	335
Women's programme	195
Health	<u>70</u>
Total	<u>600</u>

101. The new programme of co-operation will focus on early childhood education, women's programmes including literacy and income-generating/vocational training; and health. These programmes will be implemented in close and direct co-operation with 15 Palestinian social services institutions.

Early childhood education

102. The programme aims at rehabilitating, expanding and equipping the existing network of day-care centres and kindergartens in order to serve all three- to five-year-old children (about 9,000). The 62 existing centres will be improved and 20 home-based day-care centres will be established. UNICEF will provide supplies and equipment, stipends to mothers running the home-based centres and support to the existing kindergarten resource centre which is offering in-service training for teachers.

Women's programme

103. The women's programme will continue to promote training in home-based embroidery, sewing, hairdressing, knitting, weaving and the preservation of foodstuffs for 500 mothers. In addition, 25 semi-industrial sewing centres and 12 vocational training institutions will be assisted. The staff of six major Palestinian institutions will provide technical advice and marketing support. UNICEF input will include the provision of consumable supplies, small equipment and educational materials for vocational training centres. Literacy classes will also be supported.

Health

104. The health programme will provide regular supplies of vaccines, ORS and essential drugs to the 40 dispensaries of UNRWA and to the Palestinian Red Crescent. Training sessions on CDD and the use of essential drugs, particularly for pregnant women, will be organized for doctors and health workers.

VI. PALESTINIAN CHILDREN IN THE SYRIAN ARAB REPUBLIC

U5MR: 45	Child population: (0-5 years): 54,000
	(0-15: 135,000)
IMR: 32	Literacy (male/female): 93/74 per cent
	Access to health services (total): 95 per cent

The situation of children and women

105. The Palestinian population in the Syrian Arab Republic is estimated by UNRWA at 270,000 (1988), of whom 10 per cent are under three years old and 50 per cent are under 15 years old. About 90 per cent of the Palestinian population is registered with UNRWA, and 91 per cent of these registered Palestinians live in camps.

106. The economic constraints of the Syrian Arab Republic adversely affect Palestinians through pressures on inflation, employment, remittances from abroad, national expenditures on health, education and social services, as well as on family budgets.

107. IMR has declined from 57 per 1,000 live births in 1979 to an estimated 32 per 1,000 live births in 1988. The major causes of infant deaths are respiratory infections and prematurity/low birth weight. Neonatal deaths represent 58 per cent of IMR, and are caused primarily by tetanus and pregnancy/birth-related problems. Tetanus toxoid immunization coverage for women is less than 35 per cent. Diarrhoea is a major cause of morbidity, partly reflecting unsatisfactory environmental conditions in the camps, where clean water and waste disposal systems are inadequate. Estimated MMR is at least 110 per 100,000 live births. The nutritional status of children and pregnant and nursing mothers is an area of

concern, with UNRWA records indicating high levels of anaemia among Palestinian women.

Past programme co-operation

108. The programme supported by UNICEF in the period mid-1984 to mid-1987 sought to lower IMR and early childhood mortality and morbidity. In the basic health and MCH project, UNICEF provided UNRWA with vaccines, syringes, cold-chain, ORS, audio-visual equipment and other supplies. As a result of the project, the number of women using UNRWA clinic preventive services increased from 2,400 in 1981 to 4,900 in 1988. IMR declined from 41 per 1,000 live births in 1984 to 32 in 1988. Immunization coverage increased to 94 per cent for DPT/OPV3, 98 per cent for anti-tuberculosis vaccine and 94 per cent for measles (aged 1-2 years). A 1986 survey showed that 90 per cent of women recognized ORS packets and 72 per cent used them at home. UNICEF worked closely with UNRWA and the General Association for Palestinian Arab Refugees (GOPAR) in water supply and sanitation projects, with funding from the Canadian International Development Agency (CIDA). The project provided a clean water and sewerage network in Gabr Essit camp, benefiting 7,000. In an early childhood stimulation effort, UNICEF helped GOPAR and the Palestinian Women's Union to establish 10 new kindergartens serving over 1,000 children with educational materials, furniture, kitchen utensils and teacher training activities.

Recommended programme co-operation, 1990

General resources

(In thousands of United States dollars)

Health

Expanded programme of immunization	20
Control of diarrhoeal diseases	8
Other health	22
Subtotal	50
Water supply and sanitation	60
Nutrition	10
Education	30
Community organization and development	40
Advocacy	10
Total	200

109. This one-year bridging operation aims to maintain UNICEF support for ongoing CSD efforts and to refine the situation analysis of women and children in order to prepare a long-term programme of co-operation to be submitted to the Executive Board in 1991.

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110. The overall objectives of 1990 programme of co-operation include further reduction of under-five child mortality and morbidity and maternal mortality through the effective promotion of EPI, growth monitoring and ORT; to improve environmental conditions in camps through improved water and sanitation facilities; to enhance the role of women in income generation and health promotion; and to promote early childhood stimulation opportunities and facilities.

111. Working through the UNRWA health system, EPI will focus on sustaining the high coverage rates of children achieved in the 1980s and increasing immunization coverage of tetanus toxoid among women of reproduction age to 80 per cent by 1990. UNICEF will provide vaccines, syringes and cold-chain equipment.

112. In order to control diarrhoeal diseases by universalizing ORT practices, UNICEF will provide ORS packets, as well as educational and promotional materials.

113. UNICEF will support a new ARI project that aims to reduce pneumonia-related infant and child mortality and morbidity through the widespread application of preventive measures; early detection, diagnosis and treatment with WHO case management techniques; and the training of health personnel. UNICEF will assist UNRWA and the Ministry of Health with a baseline survey of two camps to develop training and educational materials for health and non-health personnel and to facilitate social mobilization efforts.

114. UNICEF will provide support for the TBA training programme operated jointly by the Ministry of Health, UNRWA and UNICEF. It aims to reduce neonatal and maternal mortality by promoting improved antenatal and post-natal services. This will be achieved through the training of dayas (TBAs), supplying dayas with midwifery kits, providing training materials and establishing a monitoring/evaluation system.

115. UNICEF will support UNRWA in 1990 in the continued implementation of health education projects related to CSD through advocacy, assistance in materials production, the training of teachers, nurses and community-level women leaders, the facilitation of community health committees and the provision of audio-visual equipment and supplies.

116. UNICEF will continue to support early childhood stimulation activities by providing educational materials to 23 kindergartens and training to 100 kindergarten teachers and supervisors. A specific contribution from CIDA will be used in 1990 for the establishment of one kindergarten in Qabr Essit camp benefiting 100 children.

117. UNICEF will help GOPAR and the Palestinian Women's Union to secure a consultant to help survey women's needs in income-generation and non-formal education in Palestinian camps. This will form the basis of programme planning for the next submission to the Executive Board.

118. UNICEF will co-operate with GOPAR and UNRWA in efforts to expand safe drinking water, sanitation, solid waste disposal networks and related health education programmes.